

MEETING MINUTES

Project Name: IPRS	Doc. Version No: 1.0	Status: Final
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Meeting Name: IPRS Core Team Meeting
Facilitator: Travis Nobles, DMH
Scribe: Marcus Jeffers
Date: 12/05/2007
Time: 10:30 – 11:30 a.m.
Location: Wycliff – Conference Room 430

IPRS Division - EDS Team Attendees:

- ✓ Cathy Bennett
- ✓ Paul Carr
- ✓ Sandy Flores
- ✓ Mike Frost
- ✓ Thelma Hayter
- ✓ Jamie Herubin
- ✓ Eric Johnson
- ✓ Rick Kretschmer
- ✓ Cheryl McQueen
- ✓ Travis Nobles

Others:

- ✓ Chris Ferrell
- ✓ Marcus Jeffers
- Gary Imes
- Joyce Sims
- Deborah LeBlanc
- Tim Sullivan
- Sarah Harris

Attendees:

- | | |
|---------------------|---------------------|
| ✓ Alamance-Caswell | ✓ Onslow-Carteret |
| ✓ Albemarle | ✓ OPC |
| ✓ Catawba | ✓ Pathways |
| ✓ Centerpoint | ✓ Sandhills Center |
| ✓ Crossroads | ✓ SE Center |
| ✓ Cumberland | ✓ SE Regional |
| ✓ Durham | ✓ Smoky Mountain |
| ✓ Eastpointe | ✓ Wake |
| ✓ Edgecombe-Nash | ✓ Western Highlands |
| ✓ Five – County MHA | |
| ✓ Foothills | |
| ✓ Guilford | |
| ✓ Johnston | |
| ✓ Mecklenburg | |

Next Meeting: December 12 , 2007

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc.
 Call the IPRS Help Desk – 1-800-688-6696, Option 4 or 919-816-4355 M-F, 8 a.m.-4:30 p.m., excluding holidays.

IPRS Question and Answer email address – iprs.qanda@ncmail.net

Print date: [10/06/08](#) [IPRS Core Team Mtg Minutes 12-05-07.doc](#)

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ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	Topics
1.	Roll Call
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.
3.	Upcoming Checkwrites (cut-off dates) Dec. 6 th and 13 th
4.	<p>Agenda items</p> <ul style="list-style-type: none"> Benefit Package Alert Cheryl McQueen stated that there was an issue that arose during updates to two of the benefit packages that include the internal procedure codes for secondary modifiers. ASTER and CMSED were the two pop groups that were affected. Some claims received an invalid 8599 because of this issue, which has been corrected. She requested that any LMEs that were affected to please resubmit these claims for processing. Also she said that a list would be sent out with a list of all claims affected to each appropriate pop group. <p>Q: Terry Boyette (Eastpointe): - I don't think it was last Checkwrite. It may have been the one before. However; I have a provider specific rate out there for H0019 and it's been paying \$252.38 and then last month it paid \$205.64. I was just wondering, have the rates changed? I double checked and the \$252.38 rate is still out there for the provider specific rate.</p> <p>A: Cheryl McQueen (DMH): - If you'll send that to Q&A we will take a look at it.</p> <p>Q: Terry Boyette (Eastpointe): - Ok, thank you.</p> Staff Availability Thelma stated that concerning staff availability, DMH has been emphasizing all along to send in all questions to IPRS Q&A. Although there have been many times where people send questions in directly to herself, Cheryl, Travis, or Eric. She continued by saying that Travis, Cheryl, and herself are being pulled to another project until March 2008 and will no longer be able to respond to IPRS questions. So all questions going forward should be sent to IPRS Q&A. Eric Johnson will be your support to any questions that DMH needs to answer. Divested LMEs send email to Marjorie.M.Morris@ncmail.net Travis continued by stating a reminder to email Marjorie Morris if you are a divested LME to inform her that you are atypical status. Check write Schedule for 2008 – Posted on www.iprs.ncxix.com Travis also mentioned that the new 2008 Checkwrite schedule is posted out on www.iprs.ncxix.com for anyone's information. Crisis Fund Denials and Single Stream Denials Travis also reminded everyone that all the 8508 denials would be reprocessed.

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- **Beta test (NPI) Requirements Review**

Cheryl McQueen continued to remind everyone that they should continue to submit their beta test claims. As of January, IPRS will be able to receive any claim with NPI. Cheryl said that last week she mentioned a change in the taxonomy information. The 837 implementation guide on the IPRS website has been updated with this information.

- **IPRS/ Medicaid Questions & Concerns:**

Q: Kelly (Durham): - I have a question about NPI. I was reading through the minutes and as it spoke about how claims were processed thru the IPRS mailbox, they did not have to have NPI information. How does that affect if the LMEs are allowing providers to use our numbers to bill directly to Medicaid?

A: Cheryl McQueen (DMH): - If the claim goes directly to Medicaid it will have to have both the NPI and the Legacy Number on it.

Q: Kelly (Durham): - But as a divested agency, we don't have an NPI number.

A: Cheryl McQueen (DMH): - Then you should just submit with the Legacy. That is why it is important that divested entities send an email to Marjorie Morris that you are divested and will not be getting an NPI. After which, they will mark you on the Medicaid side as being atypical.

Q: Kelly (Durham): - Ok, thanks.

Q: (Guilford): - Do you know if paper claims will require both numbers?

A: Chris Ferrell (MMIS):- If it goes straight to Medicaid it will have to have both numbers. I will follow up with IPRS Q&A as far as directing anyone on how to find the paper claims form filing instructions on the Medicaid Website.

Q: (Guilford): - Ok, Thanks.

Q: Jenna Lauffenburger (Catawba): - Do we know when the 8508 claims will be reprocessed and worked out?

A: Mike Frost (EDS): - We are still testing those adjustments. There is not a specific resolution date. However; as soon as we know more we will pass that information along. It should be soon.

Q: Jenna Lauffenburger (Catawba): - Thank you, another question in reference to that. Will there be any changes to the service array when these claims are reprocessed concerning claims that will be paid and not be paid?

A: Cheryl McQueen (DMH):- No, the service array will not be changing. The only thing that's changing is the account that certain services are able to pay out of. As well, I have not yet published the updated budget criteria because we will not need to do that until it is out in production. However, I think we've mentioned in here enough that everyone should be up-to-date on it.

Q: Faye (Mecklenburg):- Will the single stream funded LMEs ever see an 8508 denial? For some reason I was thinking that we shouldn't.

A: Cheryl McQueen (DMH): - Yes, that is possible. If you have claims that route to one of the crisis pop groups then it may get the 8508 because there is no budget criteria out there for that pop group anymore. Also, there was a time period during which the budget office had not loaded all the state accounts for the single stream. In this situation you would have gotten the 8508 also. All of the 8508 will be reprocessed to either get the appropriate payment to occur. Or in the case of the single stream, to get the \$0 paid indicator once that solution is in place.

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Q: Faye (Mecklenburg):- So it would just move to insufficient budget at that point?

A: Cheryl McQueen (DMH):- No, they would move to \$0 paid. For the single stream, we're not going to reprocess them to get the insufficient budget and then turn around and reprocess them again to get the \$0 paid. We will just wait and do it all at once so that everything ends up with a \$0 paid indicator on it.

Q: Becky ():- Could you tell us if the submission of the community support and professional modifiers are still supposed to be on the claims as of the first of December?

A: Cheryl McQueen (DMH):- Any claim that has a December 1, 2007 date of service or later – yes, it is supposed to be on those claims or it will deny.

Q: Jeanna Lauffenburger (Catawba):- I want to make sure I understand the crisis budget situation. The crisis target pop is not the budget that we are talking about. Is that correct?

A: Cheryl McQueen (DMH):- The crisis target pop as far as the array of services that are covered have not changed.

Q: Jeanna Lauffenburger (Catawba):- What it has paid out of, has that changed?

A: Cheryl McQueen (DMH):- Yes, no longer do we have separate age disability crisis funds. There is one crisis fund that goes across all age disabilities. So, anything that routes to the crisis target pop regardless of which crisis target pop it is, will come out of that one account.

Q: Jeanna Lauffenburger (Catawba):- Ok, would it have the same higher priority in the hierarchy than a regular target pop would? So it would hit there first if that service code was eligible and the client had that eligibility?

A: Cheryl McQueen (DMH):- Right, the hierarchy has not changed either.

Q: Jeanna Lauffenburger (Catawba):- I have seen a document that claims that certain service codes will be only allowed to pay out of the non-UCR budget account. Codes like the 90801 are not included in that list of allowable codes. This is why I'm diligently asking these questions.

A: Cheryl McQueen (DMH):- This is a two tiered situation. The first thing is that anything that routes to a crisis target pop is going to pay out of this one crisis fund. If it is a crisis service. One of those seven services that you've seen listed and it routes to a non-crisis target pop. It will still pay out of that same crisis fund. So, for example if you have an H0010 and it routes to ASDWI. However; because it is H0010. When it routes to this pop group it will pay out of the crisis fund.

Q: Jeanna Lauffenburger (Catawba):- As opposed to paying out of the regular target pop?

A: Cheryl McQueen (DMH):- Correct.

Q: Jeanna Lauffenburger (Catawba):- Ok, and that's regardless of whether the client has the crisis target pop or not?

A: Cheryl McQueen (DMH):- Depending on how the hierarchy is setup. The crisis ones are all at the top of the hierarchy. So if the client is in a crisis target pop and some other target pop it will route to the crisis target pop.

Q: Jeanna Lauffenburger (Catawba):- What if they don't have a crisis target pop and they have just have a ASDWI target pop. Can they get that H0010 paid not out of the Crisis fund but out of the regular AS target pop.

A: Cheryl McQueen (DMH):- No, it's going to route to the ASDWI target pop and then it will pay out of the crisis fund only. If there is not budget in the crisis fund, the claims will deny for insufficient budget. No longer can H0010, H2011, H2036, S9484, YP485, YP790, YP820 – The only account that these procedure codes will pay out of is the new crisis account. Regardless of the pop group.

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Q: Terry (Eastpointe): - How about the YP500 code that was paid now?
A: Cheryl McQueen (DMH):- That is still under discussion.
Q: Terry: (Eastpointe): - Ok, because I know we had been getting denials for it and I wasn't sure of what was going on with that.

Q: Tina (Sandhills): - In the November bulletin, there is a note about the Medicaid Credit Balance Reporting. When is that effective?
A: Chris Ferrell (EDS): - I will get back to you on that. Please send that question to Q&A and I will get the answer to Travis.

Q: Agnes (Cumberland): - I was just looking at the new schedule for Medicaid Unlicensed, and I was just wondering if there was any reason why the H0004 with the modifier no longer on that new schedule?
A: Thelma Hayter: (DMH): - As of 9/30/07, you can't bill Medicaid for non-licensed providers for H0004, H0001, H0005, and H0031. You can bill IPRS under certain situations. Go out and look at your array. There are "Y" codes that were set up for certain SA pop groups for those providers to still bill for and those get paid out of the an IPRS fund.
Q: Agnes (Cumberland): - What about provisionally licensed?
A: Thelma Hayter: (DMH): - We believe that those will continue to be paid until 6/30/08 but we will send you the documentation on that.
Q: Agnes (Cumberland): - Ok, but are we still using the same rate?
A: Thelma Hayter: (DMH): - Yes.

A: Jeanna Lauffenburger (Catawba):- I don't think that the unlicensed fee schedule has ever included the H0004 plus modifiers but they should have. I just think that they were inadvertently left off the whole time.
A: Thelma Hayter: (DMH): - I'm not sure of that, but it may be the case.

Q: Terry (Eastpointe): Is there a memo out there about the effective date of 9/30/07?
A: Thelma Hayter: (DMH): - Yes
Q: Terry (Eastpointe): Is it just for non-licensed cannot bill Medicaid but IPRS will still accept them?
A: Thelma Hayter: (DMH): - I believe that this information is on the implementation bulletin.

Q: (Mecklenburg):- If you were billing for the provisionally licensed staff, wouldn't you continue to bill that under your legacy number because they don't have a direct bill number at the time?
A: Thelma Hayter: (DMH): - Yes, that's correct.

Q: Amy (Southeastern Regional): - If it's possible to find out what bulletin or implementation memo that was published in, please forward it out to us.
A: Thelma Hayter: (DMH): - Sure!
Q: Amy (Southeastern Regional): - Thank you. Also, I remember from a past FARO that there was an EOB listing and how these errors could be corrected. Is there anyway that this information can be forwarded to me
A: Cheryl McQueen: - Yes, just send me an email regarding that and I will get it back to you.

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DMH and/or EDS Concluding Remarks:

For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.

- Physician phone analyst (i.e. Independent Mental Health Providers)-4706
- Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 4707

Roll Call Updates

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